City of Cabot Educational Assistance Application Form

Employee Name:	Department:	Hire [Date:	
Educational Institution:				
	Unc	lergraduate or Postgra	duate	
Date of Course:		(Circle One)		
Title of Course:		Total Hours:		
Are you eligible for other f	financial aid such as scho	arships or grant?	Yes (Circle Or	No ne)
 Courses shall be limited to degree requirements reposition as determined by Course enrollment shall Expenses paid by the Coursement we 100% tuit 75% tuitie 	restricted to off-duty hours yee's duties. I to those the lead to impro lated to the employee's cu	ovement in job perform irrent job duties or a fo nstitutions only. DNLY. Fees and books ng scale: er grade A r grade B	nance and/or oreseeable fu	apply ture
Approval of Dep	artment Head:	Date		
voluntarily or involuntarily Program. • I attest that the above in result in termation of emp	y responsibility to provide	rticipation in the Education of the above a copy of my official to	ational Assist information ranscript and	could
Employee \$	Signature	Date		

VERS: 12/04/06